

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>					
Full Name of Payee <b>Bully Pulpit Interactive</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">08</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>		
City Washington State DC Zip Code 20036-4010		Transaction ID : VN7GB9WCMC3 Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div>			
Purpose of Expenditure Online Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Thomas Cotton			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">3866415.21</div>					
Full Name of Payee <b>Mission Control, Inc.</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">09</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Mailing Address 114A Mansfield Hollow Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30837.45</div>		
City Mansfield Center State CT Zip Code 06250-1316		Transaction ID : VN7GB9WCMF7 Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div></div>			
Purpose of Expenditure Direct Mail - Estimate		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Joni Ernst			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; text-align: right;">3279059.81</div>					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">45837.45</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Rebecca Lambe</u>			Date <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div> </div>		
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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mission Control, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2014</b>	
Mailing Address <b>114A Mansfield Hollow Rd</b>		Amount <b>20556.82</b>	
City <b>Mansfield Center</b>	State <b>CT</b>	Zip Code <b>06250-1316</b>	Transaction ID : <b>VN7GB9WCMG5</b>
Purpose of Expenditure Direct Mail - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Joni Ernst</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3279059.81</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ourso Beychok Johnson, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 09 / 2014</b>	
Mailing Address <b>352 Napoleon St</b>		Amount <b>24500.00</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70802-5939</b>	Transaction ID : <b>VN7GB9WCMD1</b>
Purpose of Expenditure Direct Mail - Estimate		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Thomas Cotton</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		<b>3866415.21</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>45056.82</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

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Date

MM / DD / YYYY  
**10 / 10 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ourso Beychok Johnson, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 09 / 2014</b>	
Mailing Address <b>352 Napoleon St</b>		Amount <b>18000.00</b>	
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code <b>70802-5939</b>	Transaction ID : <b>VN7GB9WHPV4</b>
Purpose of Expenditure <b>Direct Mail - Estimate</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Thomas Cotton</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>3866415.21</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>18000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>108894.27</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 10 / 2014**

Signature